



September 11, 2015

Barbara K. Berrett
Kyle C. Thompson
Berrett & Associates, L.C.
405 S Main St Ste 1050
Salt Lake City UT 84111

Re: Prosha v. My Sentinel Property Management/Richins (MSPM)

Dear Mr. Thompson,

At your request, I have reviewed the following medical and administrative records which your office has sent to me:

1. Plaintiff's allegations, July 7, 2014 and summons to MSPM, May 29, 2015.
2. Clinical Report Summary and progress notes provided by Susan Archer, LCSW, August 2014 to April 2015.
3. Cox Chiropractic Clinic medical records, October 2014 to April 2015.
4. Deposition transcript of John Prosha, July 9, 2015.
5. Deposition transcript of Lori Prosha, July 9, 2015.
6. Plaintiff's mediation materials consisting of
 - a. Incident/sequelae report
 - b. Police report
 - c. Medical report related to incident
 - d. John Prosha's Biography
 - e. Some consequences of incident
 - f. Lori's Story
 - g. Happier times
 - h. Financial Losses/Damages
 - i. Salt Lake City Utah VA, Lien/Billings
 - j. Richmond Virginia VA , Lien/Billings
7. Report of Dr. Craig Bryan, Expert Witness
8. Report of Dr. Richard Rose

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The following are my findings based upon my review of those materials:

1. Mr. Prosha's behavior meets the criteria established by the DSM-5 for post-traumatic stress disorder (PTSD).
2. The event of July 18, 2013, at the Kanarraville rest stop, triggered a flareup in Mr. Prosha's PTSD.
3. His rage towards the defendant Richins for having locked him in the restroom is a credible reaction of a combat veteran's triggered PTSD.
4. Dissociation is a common aspect of PTSD and of triggered reactions to stimuli from the original traumatization that caused PTSD. Although dissociation is common experience for PTSD sufferers, the concept of dissociation is not easily understood even by mental health professionals. Dissociation is the inability to be adequately aware of oneself in present time and simultaneously be adequately aware of a traumatic memory from the past. Therefore, people who dissociate oscillate between awareness of a traumatic memory and all of its concomitant sensory stimuli in the past and awareness of the present absent the traumatic memory.
5. Most people who experience trauma do not develop PTSD. Instead, they integrate the traumatic memory into their conscious awareness in present time. Hence, integration and dissociation are opposites, just as the constellations of Orion and Scorpius are never visible in the sky at the same time.
6. What is not credible in this whole matter is the alleged utter decompensation of Mr. Prosha to the restroom incident. Combat veterans whose PTSD is triggered react instantly and often ragefully, some call it "thermonuclear anger," and then calm themselves within minutes after the trigger no longer exists. When Mr. Prosha was released from the restroom, the trigger ended and it would be expected that he would return to a more serene state within 30 to 60 minutes. That the restroom incident, trigger as it was, had repercussions for days, weeks, months and now years does not ring true. The allegations of Mr. Prosha's total decompensation wiping out years of therapy is in keeping with a layperson's view of PTSD, and not of a mental health professional experienced in evaluating and treating PTSD.
7. Finally, it is important to point out that Mr. Prosha is a remarkably capable individual. The drive and intelligence that enabled him to become a major and a helicopter pilot and to serve with distinctive bravery in combat is obvious. Highly capable people like Major Prosha with PTSD can be likened to Superman and kryptonite. Most of the time Superman was strong but only became weak in the presence of kryptonite. Likewise, it is more believable that Mr. Prosha functions highly most of the time unless he is exposed to triggering stimuli associated with

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PTSD. Then, like Superman, he is weak for a while, but soon returns to his pretiggered self.

8. Therefore, I agree with Dr. Richard Rose who found “to a reasonable level of medical certainty, clear medical evidence that Mr. Prosha’s experience of being confined against his will in the restroom exacerbated his pre-existing PTSD, migraines and IBS.” However, Dr. Rose and the other experts have not explicitly addressed the issue of the severity and length of the exacerbation. Hence, I additionally find to a reasonable degree of scientific and clinical certainty, scientific and clinical evidence that Mr. Prosha is malingering with regard to the severity and length of continuing symptomatology caused by the triggering incident on his PTSD and other disorders. Further, one must keep in mind the financial incentive to malinger, i.e. possibly raising money for the MASS Warrior Home.

I reserve the right to supplement and/or amend the findings in this report in light of any additional evidence I receive. Thank you for allowing me to participate in this most interesting matter.

Sincerely,

/s/Dr. Michael DeCaria

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Clinical Psychologist

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